

APPLICATION FOR
REISSUANCE OF
VPDES PERMIT
NO. 0061859

COURTLAND &
ENVIRONS WWTP

JANUARY 28, 2015

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VPDES Sewage Sludge Permit
Application Form

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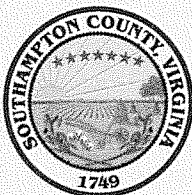
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JAN 29 2015

Tidewater Regional
Office

SOUTHAMPTON COUNTY

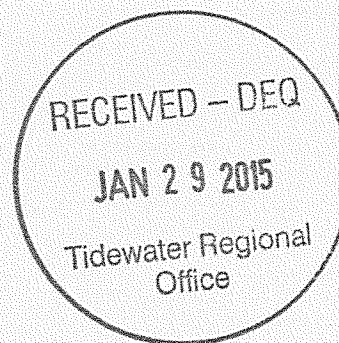
26022 Administration Center Drive
P. O. Box 400
Courtland, Virginia 23837



757-653-3015
Fax: 757-653-0227

January 28, 2015

Mr. Robert Smithson
DEQ – Tidewater Regional Office
5636 Southern Boulevard
Virginia Beach, VA 23462



**RE: Courtland & Environ WWTP –
VPDES Permit NO. VA0061859 Renewal Application**

Dear Mr. Smithson:

Please find enclosed our application for the reissuance of VPDES Permit No. VA0061859.

Should you have any questions, please feel free to contact me at (757) 742-6233.

Respectfully submitted,

A handwritten signature in cursive script that reads "Robert E. Croak".

Robert E. Croak
Southampton County
Dept. of Public Utilities

FACILITY NAME AND PERMIT NUMBER:

Courtland and Environs WWTP VA 0061859

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name Courtland and Environs WWTP

Mailing Address 24448 Old Bridge Road
Courtland, VA. 23837

Contact person Michael W. Johnson

Title County Administrator

Telephone number (757) 653-3015

Facility Address 24448 Old Bridge Road
(not P.O. Box) Courtland, VA. 23837

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name _____

Mailing Address _____

Contact person _____

Title _____

Telephone number _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA. 0061859 PSD _____

UIC _____ Other _____

RCRA _____ Other VA 0061859 (VPDES)

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Courtland</u>	<u>1700</u>	<u>Separate</u>	<u>Public</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>1700</u>			

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A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.99
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.17</u>	<u>0.18</u>	<u>0.18</u> mgd
c. Maximum daily flow rate	<u>0.34</u>	<u>0.44</u>	<u>0.31</u> mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %
☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?

☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent 0
iii. Combined sewer overflow points 0
iv. Constructed emergency overflows (prior to the headworks) 0
v. Other N/A

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

- c. Does the treatment works land-apply treated wastewater?

☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

☐ Yes ☒ No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

_____ Yes

_____ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Southampton County 23837
(City or town, if applicable) (Zip Code)
Southampton VA.
(County) (State)
36 40 28 77 02 35
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) 0 ft.
- e. Average daily flow rate 0.18 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Nottoway River, Chowan River and Chowan River Basin
- b. Name of watershed (if known) Chowan
- United States Soil Conservation Service 14-digit watershed code (if known): 03010203030020
- c. Name of State Management/River Basin (if known): Nottoway River Basin
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 03010201
- d. Critical low flow of receiving stream (if applicable):
acute N/A cfs chronic N/A cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

FACILITY NAME AND PERMIT NUMBER:

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A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☐ Secondary☒ Advanced☐ Other.

Describe: Tertiary Treatment

- b. Indicate the following removal rates (as applicable):

Design BOD₅ removal or Design CBOD₅ removal >95 %

Design SS removal >95 %

Design P removal >95 %

Design N removal >93 %

Other _____ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV Disinfection

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes ☐ No

- d. Does the treatment plant have post aeration?

☒ Yes ☐ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	7.9	s.u.			
Flow Rate	0.31	mgd	0.18	mgd	Continuous (10 mo.)
Temperature (Winter)					
Temperature (Summer)					

* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	3.3	mg/l	0.6	mg/l	3/wk, 10m	5210B	2.0
	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)		8.9	mg/l	1.6	mg/l	3/wk, 10m	2540D	1.0

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Courtland and Environs WWTP VA 0061859

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.Unknown gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Periodic Smoke Testing**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.**B.4. Operation/Maintenance Performed by Contractor(s).**Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☒ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: McGill Environmental Systems Permit No. VPA00837Mailing Address: 5056 Beef Steak Road, Waverly, VA. 23890Telephone Number: (757) 647-6052Responsibilities of Contractor: Accepts sewage sludge for disposal**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.
N/A
- Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.
☐ Yes ☐ No

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- c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN	9.9	mg/l	7.9	mg/l	304	D.O. Meter	
TOTAL KJELDAHL NITROGEN (TKN)	0.5	mg/l	0.13	mg/l	3/wk,10mo	351.2	0.5 mg/l
NITRATE PLUS NITRITE NITROGEN <i>Total</i>	22.0	mg/l	18.48	mg/l	1/mo,10mo	351.2/353.2	0.5 mg/l
OIL and GREASE							
PHOSPHORUS (Total)	6.08	mg/l	4.13	mg/l	1/mo,10mo	365.1	0.1 mg/l
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER <i>ZINC Tot Recoverable</i>	71	ug/l	46	ug/l	1/mo,10mo	200.7	0.005 ug/l

END OF PART B.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:

Courtland and Environs WWTP VA 0061859

Form Approved 1/14/99
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Michael W. Johnson, County AdministratorSignature Telephone number (757) 653-3015

Date signed _____

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Courtland and Environs WWTP VA 0061859

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OMB Number 2040-0086

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____ chronic ____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: _____ Test number: _____ Test number: _____

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

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Chronic:

NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?☐ Yes ☒ No

If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

Summary of Test Results Attached _____**END OF PART E.****REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

Courtland and Environs WWTP VA0061859

Part B. - Question B.4

Waste Management Inc.
3474 Atlantic Lane
Waverly, VA 23890

DEQ Permit Number: 562

(804) 474-8574

Southeastern Public Service Authority
723 Woodlake Drive Chesapeake, VA.
23320

Permit Number: 417

(757) 420-4700

Note: Locations listed above are not currently utilized for sludge disposal.

Outfall 001

[illegible]

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☒ Yes ☐ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No ☐ Unknown

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☒ Yes ☐ No

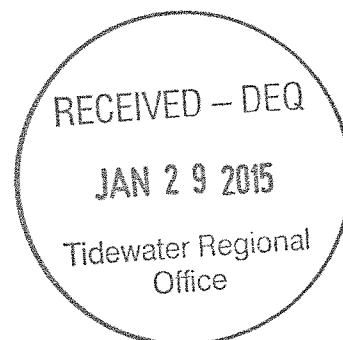
c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☐ Yes ☒ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).



SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
 - a. Facility name: Courtland & Environs WWP
 - b. Contact person: Michael W. Johnson
Title: County Administrator
Phone: (757) 653-3015
 - c. Mailing address:
Street or P.O. Box: 24448 Old Bridge Rd.
City or Town: Courtland _____ State: VA. _____ Zip: 23837
 - d. Facility location:
Street or Route #: 24448 Old Bridge Rd.
County: Southampton
City or Town: Courtland _____ State: VA. _____ Zip: 23837
 - e. Is this facility a Class I sludge management facility? ☐ Yes ☒ No
 - f. Facility design flow rate: 0.99 _____ mgd
 - g. Total population served: _____
 - h. Indicate the type of facility:
☒ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____
2. Applicant Information. If the applicant is different from the above, provide the following:
 - a. Applicant name: _____
 - b. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
 - c. Contact person:
Title: _____
Phone: () _____
 - d. Is the applicant the owner or operator (or both) of this facility?
☐ owner ☐ operator
 - e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☐ applicant
3. Permit Information.
 - a. Facility's VPDES permit number (if applicable): _____
 - b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

<u>Permit Number:</u>	<u>Type of Permit:</u>
VA0061859	NPDES
4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? ☐ Yes ☒ No If yes, describe: _____

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? x Yes ___ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: McGill Environmental Systems
Mailing address: 5056 Beef Steak Road
Street or P.O. Box:
City or Town: Waverly _____ State: VA. _____ Zip: 23890
Phone: (757) 647-6052
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
Permit No. VPA00837
If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s). Accepts sludge for disposal at the facility
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. (See Attachment)

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- x Section A (General Information)
x Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
___ Section C (Land Application of Bulk Sewage Sludge)
___ Section D (Surface Disposal)

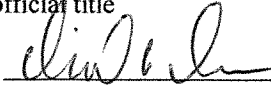
FACILITY NAME: Courtland & Environs WWTP

VPDES PERMIT NUMBER: VA0061859

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

Signature



Date Signed

11/20/2015

Telephone number 757-653-3015

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: 122 dry metric tons
2. N/A Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
 - a. Facility name:
 - b. Contact Person:
Title:
Phone ()
 - c. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
 - d. Facility Address:
(not P.O. Box)
 - e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
 Class A Class B x Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
 Option 1 (Minimum 38 percent reduction in volatile solids)
 Option 2 (Anaerobic process, with bench-scale demonstration)
 Option 3 (Aerobic process, with bench-scale demonstration)
 Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
 Option 5 (Aerobic processes plus raised temperature)
 Option 6 (Raise pH to 12 and retain at 11.5)
 Option 7 (75 percent solids with no unstabilized solids)
 Option 8 (90 percent solids with unstabilized solids)
 x None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Bardenpho-Oxidation Ditch, Aerobic Digestion, Dewatering by Centrifuge, offsite disposal at Mc Gill Environmental Systems
 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: None
4. N/A Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
 - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

- _____ dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
___Yes ___No

5.N/A Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6.N/A Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name:
- b. Facility contact:
Title:
Phone: ()
- c. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
Permit Number: _____ Type of Permit: _____

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ___Yes ___No
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
___Class A ___Class B ___Neither or unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:
- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ___Yes ___No
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
___ Option 1 (Minimum 38 percent reduction in volatile solids)
___ Option 2 (Anaerobic process, with bench-scale demonstration)
___ Option 3 (Aerobic process, with bench-scale demonstration)
___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
___ Option 5 (Aerobic processes plus raised temperature)
___ Option 6 (Raise pH to 12 and retain at 11.5)
___ Option 7 (75 percent solids with no unstabilized solids)
___ Option 8 (90 percent solids with unstabilized solids)
___ None unknown
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:
- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
___Yes ___No
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☐ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7.N/A Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8.N/A Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
☐ Yes ☐ No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: _____ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: _____ Type of Permit: _____

9.N/A Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
___ Yes ___ No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: ___ Incinerator Owner ___ Incinerator Operator
- e. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____

10.NA Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name:
- b. Contact person:
Title:
Phone: ()
Contact is: ___ Landfill Owner ___ Landfill Operator
- c. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- d. Landfill location.
Street or Route #:
County:
City or Town: _____ State: _____ Zip: _____
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: _____ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____

- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
___ Yes ___ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___ Yes ___ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

REPORT OF ANALYSIS

CLIENT: Southampton County
 ATTN: Raymond Bryant
 ADDRESS: 17287 Pittman Road
 Boykins, VA 23827
 PHONE: (757) 653-9269/653-8187cell
 FAX: rbryant@wwtp.us (DON'T FAX)

Special Notes:
 RE: SLUDGE COURTLAND

SAMPLE COLLECTED BY: CLIENT

GRAB COLLECTION:

Date: 5/9/2013 Time: 1400

COMPOSITE COLLECTION:

Start Date: Time:

End Date: Time:

PICK UP BY: CLIENT

SAMPLE RECEIPT:

Date: 5/10/2013 Time: 1105

NUMBER OF CONTAINERS: 1

SAMPLE CONDITION: ☒ Good ☐ Other (See C-O-C)

REPORT NO: 13-07380 16:37



SAMPLE ID: COURTLAND
 SAMPLE NO: 13-07380

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Arsenic	6010C	3.82	< 3.82	mg/Kg	EFA	5/21/2013	1401
Total Cadmium	6010C	0.382	2.33	mg/Kg	EFA	5/21/2013	1401
Total Chromium	6010C	0.764	117	mg/Kg	EFA	5/21/2013	1401
Total Copper	6010C	1.53	306	mg/Kg	EFA	5/21/2013	1401
Total Lead	6010C	3.82	32.8	mg/Kg	EFA	5/21/2013	1401
Mercury	7471B	0.076	0.347	mg/kg	LEF	5/14/2013	1151
Total Molybdenum	6010C	3.82	7.46	mg/Kg	EFA	5/21/2013	1401
Total Nickel	6010C	3.82	15.5	mg/Kg	EFA	5/21/2013	1401
Total Selenium	6010C	3.82	4.74	mg/Kg	EFA	5/21/2013	1401
Total Zinc	6010C	3.82	1065	mg/Kg	EFA	5/21/2013	1401

James R. Reed & Associates

770 Pilot House Drive, Newport News, VA 23606

(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013

EPA# VA00015



REPORT OF ANALYSIS

SAMPLE ID: COURTLAND

SAMPLE NO: 13-07380

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
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NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

Results in mg/kg are reported on a dry weight basis.

Authorized By:

Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 22-May-13

James R. Reed & Associates

770 Pilot House Drive, Newport News, VA 23606

(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013

EPA# VA00015





Company Name: Southampton County Public Utilities

Company Contact: Raymond Bryant Telephone: 757-653-9269

Results To: Raymond Bryant Fax: 757-654-6025

Address: 17287 Pittman Road

Boykins, VA 23827 email: msmith@socoutlites.com

Project ID: Sludge Count/An

[illegible]

*WW= Wastewater. GW = Groundwater. DW - Drinking Water. HW - Hazardous Waste. OTHERS

Preservatives:

Sampled By: *Laymond Bryant*
Date/Time: *5-3-13 / 1400*
1 = <6°C 6 = Na₂S₂O₃ + HCl 10=Ascorbic Acid + HCl

Relinquished By: James P. Ward
Date/Time: 5-12-17 / 1105
2 = HNO₃ 7 = NaOH + ZnOAc 11=HCl

Received By: _____
Date/Time: 5/20/13 11:05
3 = H₂SO₄ 8 = H₂SO₄ + FAS
12 = Zinc Acetate + NaOH

Reinholdshied By: Heinrich Heine
Date/Time: _____
4 = NaOH 9 = NH₄Cl
13 = Na₂SO₄ + HCl

Received By: _____
Date/Time: _____
5 = $\text{Na}_2\text{S}_2\text{O}_5$
14 = $\text{Na}_2\text{SO}_4 + \text{H}_2\text{SO}_4$

for Compliance

✓ Not for Compliance

*Arsenic, Cadmium/Chromium, Copper, Lead, Mercury, Molybdenum, Nickel, Selenium, Zinc

Arrival Temp: 1.1 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Southampton County
 ATTN: Dennis E. Beale
 ADDRESS: 24283 Old Bridge Road
 Courtland, VA 23837
 PHONE: (757) 653-9269/653-8187cell
 FAX: e: dbeale@southamptoncounty.org

SAMPLE COLLECTED BY: CLIENT

GRAB COLLECTION:

Date: 11/24/2014 Time: 1104

COMPOSITE COLLECTION:

Start Date: Time:

End Date: Time:

PICK UP BY: REED - JS

SAMPLE RECEIPT:

Date: 11/24/2014 Time: 1406

NUMBER OF CONTAINERS: 1

SAMPLE CONDITION: ☒ Good ☐ Other (See C-O-C)

REPORT NO: 14-18161 8:32



SAMPLE ID: SLUDGE BOX
 SAMPLE NO: 14-18161

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Arsenic	6010C	1.90	< 1.90	mg/Kg	EFA	12/03/14	1139
Total Cadmium	6010C	0.191	1.87	mg/Kg	EFA	12/03/14	1139
Total Chromium	6010C	0.381	94.8	mg/Kg	EFA	12/03/14	1139
Total Copper	6010C	0.762	308	mg/Kg	EFA	12/03/14	1139
Total Lead	6010C	1.91	34.4	mg/Kg	EFA	12/03/14	1139
Mercury	7471B	0.04	0.265	mg/kg	PEJ	12/03/14	1812
Total Molybdenum	6010C	1.91	8.22	mg/Kg	EFA	12/03/14	1139
Total Nickel	6010C	1.91	13.9	mg/Kg	EFA	12/03/14	1139
Total Selenium	6010C	1.91	5.09	mg/Kg	EFA	12/03/14	1139
Total Zinc	6010C	1.91	1136	mg/Kg	EFA	12/03/14	1139

James R. Reed & Associates
 770 Pilot House Drive, Newport News, VA 23606
 (757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013

EPA# VA00015



REPORT OF ANALYSIS

SAMPLE ID: SLUDGE BOX
 SAMPLE NO: 14-18161

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
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NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.
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 The results on this report relate only to the sample(s) provided for analysis.
 Results conform to NELAP standards, where applicable, unless otherwise indicated.
 Results reported on a dry weight basis.

Authorized By: Elaine Claiborne
 Elaine Claiborne, Laboratory Director
 Date: 05-Dec-14

James R. Reed & Associates
 770 Pilot House Drive, Newport News, VA 23606
 (757) 873-4708 • Fax: (757) 873-1498

VELAP# 460013
 EPA# VA00015





Company Name: Southampton County Public Utilities

Company Contact: Dennis E. Beale Telephone: 757-653-9269 (653-8187 Cell)

Results To: Dennis E. Beale Fax: 757-654-6025

Address: 24283 Old Bridge Road

Courtland, VA 23837

Project ID: Courtland Sludge

[illegible]

*WVW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Sampled By: Dean's Beale / *Dean's Beale*
Date/Time: 11-24-2014 11:04 *11:04*

Relinquished By: Donna's 13 mile 180000 11/14/14

Date/Time: 11-24-2014 11:13

Received By: Armando S Date/Time: 11-24-14 11:13

Relinquished By: James S. [Signature]
Date/Time: 11-24-14 1406

Received By: _____ Date/Time: 11-20-10 11:00

X for Compliance

Not for Compliance

Oxidizing Agent:

Arrival Temp: 0.8°C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

REPORT OF ANALYSIS

CLIENT: Southampton County
ATTN: Dennis E. Beale
ADDRESS: 24283 Old Bridge Road
Courtland, VA 23837
PHONE: (757) 653-9269/653-8187cell
FAX: e: dbeale@southamptoncounty.org
Special Notes: RE: COURTLAND WWTP

SAMPLE COLLECTED BY: CLIENT

GRAB COLLECTION:

Date: 12/29/2014 Time: 1055

COMPOSITE COLLECTION:

Start Date: Time:

End Date: Time:

PICK UP BY: REED - DB

SAMPLE RECEIPT:

Date: 12/29/2014 Time: 1355

NUMBER OF CONTAINERS: 1

SAMPLE CONDITION: ☒ Good ☐ Other (See C-O-C)

REPORT NO: 14-19959 14:36



SAMPLE ID: COURTLAND

SAMPLE NO: 14-19959

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
Total Arsenic	6010C	2.54	< 2.54	mg/Kg	EFA	01/05/15	1419
Total Cadmium	6010C	0.254	1.60	mg/Kg	EFA	01/05/15	1419
Total Chromium	6010C	0.508	86.8	mg/Kg	EFA	01/05/15	1419
Total Copper	6010C	1.02	279	mg/Kg	EFA	01/05/15	1419
Total Lead	6010C	2.54	29.7	mg/Kg	EFA	01/05/15	1419
Mercury	7471B	0.05	277	mg/kg	PEJ	01/07/15	1227
Total Molybdenum	6010C	2.54	7.80	mg/Kg	EFA	01/05/15	1419
Total Nickel	6010C	2.54	13.4	mg/Kg	EFA	01/05/15	1419
Total Selenium	6010C	2.54	4.88	mg/Kg	EFA	01/05/15	1419
Total Zinc	6010C	2.54	959	mg/Kg	EFA	01/05/15	1419

James R. Reed & Associates

770 Pilot House Drive, Newport News, VA 23606

(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013

EPA# VA00015



REPORT OF ANALYSIS

SAMPLE ID: COURTLAND

SAMPLE NO: 14-19959

Parameter	Method Number	JRA QL	Result	Unit	Analyst	Date	Time
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NOTES:

JRA Quantification Level is the concentration of the lowest calibration standard above zero with a reliable signal.

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The results on this report relate only to the sample(s) provided for analysis.

Results conform to NELAC standards, where applicable, unless otherwise indicated.

Results reported on a dry weight basis.

Authorized By:

Elaine Claiborne

Elaine Claiborne, Laboratory Director

Date: 08-Jan-15

James R. Reed & Associates

770 Pilot House Drive, Newport News, VA 23606

(757) 873-4703 • Fax: (757) 873-1498

VELAP# 460013

EPA# VA00015





Company Name: Southampton County Public Utilities

Company Contact: Dennis Beale Telephone: 757-653-9269

Results To: Dennis Beale Fax: 757-654-6025

Address: 17287 Pittman Road, Boykins, VA 23827

Project ID: Courtland WWTP

[illegible]

*WW= Wastewater, GW = Groundwater, DW - Drinking Water, HW - Hazardous Waste, OTHERS

Preservatives:

1 = $\leq 6^{\circ}\text{C}$ 6 = $\text{Na}_2\text{S}_2\text{O}_3 + \text{HCl}$

$$2 = \text{HNO}_3 \quad 7 = \text{NaOH} + \text{ZnOAc}$$
$$3 = \text{H}_2\text{SO}_4 \quad 8 = \text{H}_2\text{SO}_4 + \text{FAS}$$
$$4 \equiv \text{NaOH} \quad 9 = \text{NH}_4\text{Cl}$$
$$5 = \text{Na}_2\text{S}_2\text{O}_3$$
$$10 \rightleftharpoons \text{Ascorbic Acid} + \text{HCl}$$
$$11 = \text{HCl}$$

12=Zinc Acetate + NaOH

$$13 = \text{Na}_2\text{SO}_3 + \text{HCl}$$
$$14 = \text{Na}_2\text{SO}_3 + \text{H}_2\text{SO}_4$$
X for Compliance

Not for Compliance

* Metals: As, Cd, Cr, Cu, Pb, Hg, Mo, Ni, Se, Zn

Arrival Temp: 0.6 °C

JAMES R. REED and ASSOCIATES (757) 873-4703; FAX (757) 873-1498
770 Pilot House Drive, Newport News, VA 23606

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Southampton County, VA.

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Yes ☐ No ☒

3. Provide the tax map parcel number for the land where the discharge is located. 76/19A

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? None

5. What is the design average effluent flow of this facility? 0.99 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

N/A

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. Nature of operations generating wastewater:

Domestic residential, Commercial

60 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: 625

40 % of flow from non-domestic connections/sources

7. Mode of discharge: ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

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8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: _____

9. Approval Date(s):

O & M Manual June 13, 2011

Sludge/Solids Management Plan June 25, 1987

Have there been any changes in your operations or procedures since the above approval dates? Yes ☒ No ☐

Please submit this completed form with your application Maintenance fee billing will be sent using this information

Permit Maintenance Fee Information

(1) Facility Name Courtland and Environs WWTP

(2) Permit Number: VA0061859

(3) Tax Payer ID [FIN]: 54-6001618

(4) Billing Information:

Corporate Name or Owner Name: Southampton County

Corporate Billing Address or Owner Address:

P.O. Box 400

Courtland, VA. 23837

(5) Billing Contact:

Name, Title: Michael W. Johnson, County Administrator / Southampton County

Phone Number: (757) 653-3015

E-mail Address: mjohnson@southamptoncounty.org

